

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51182

FILED
Apr 30, 2008
Secretary of State

Entity Name: DIXIE HOLLINS BAND BOOSTERS, INC.

Current Principal Place of Business:

4940 - 62 STREET N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

P O BOX 28324
KENNETH CITY, FL 33709

New Mailing Address:

4940 - 62 STREET N.
ST. PETERSBURG, FL 33709

FEI Number: 59-6612116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, JANICE
3521 74TH ST N
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWNEY, VICKI
Address: 7725 64TH WAY N
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD () Delete
Name: WATKINS, JANICE
Address: 3521 74TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD () Delete
Name: ENGALA, CHERI
Address: 2858 15TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: P (X) Delete
Name: COMUNTZIS, HOPE
Address: 6140 39 AVE
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMUNTZIS, HOPE
Address: 6140 39TH AVE N
City-St-Zip: ST PETERSBURG, FL 33709

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE WATKINS

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date